Aids prone States

3984. DR. K. MALAISAMY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) which are the high prevalence States for incidence of HIV/AIDS;

(b) whether it is a fact that more than 80 per cent of the cases occur in 5 or 6 States;

(c) what is the special focus and thrust followed by a necessary package given on those States to curb and control HIV/AIDS;

(d) whether it is also a fact that the real situation of these cases in other States are under-reported; and

(e) what is the correct mechanism and reliable device that are ensured to asses the prevalence of HIV/AIDS?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Six States in the country namely Tamil Nadu, Maharashtra, Karnataka, Andhra Pradesh, Manipur and Nagaland are categorized as high Prevalence States. These States constitute 75.46% of reported AIDS cases in the country.

(c) In order to prevent and control the spread of HIV/AIDS in India, Govt of India haslauched a comprehensive National AIDS Control Programme, currently under implementation throughout the country as a centrally sponsored scheme. More focus is given to these States, in addition to the high prevalence States, for implementation of various activities under following components-

Preventive interventions for high-risk populations through targeted interventions adopting a multi-pronged strategy including peer counseling and behaviour change communication.

Preventive interventions for the general population through programmes for blood safety, voluntary counseling and testing services, Prevention of Parent to Child Transmission (PPTCT), Information Education and Communication (IEC).

Provision of low cost case and support services by providing community care services, treatment of opportunistic infections and prevention of occupational exposure.

Collaborative efforts to promote inter-sectoral programme activities including workplace interventions and public-private partnerships.

Build technical and managerial capacities for programme implementation through Surveillance, Training, Monitoring and Evaluation, Technical resource groups, operational research and Programme management.

(d) Yes, Sir. Because of high degree of stigma and discrimination attached to this disease, the AIDS cases are not coming openly resulting in underreporting of cases in all States and UTs including six high prevalence States. The States having weak health care infrastructure are also likely to have more under-reporting of AIDS cases.,

(e) To assess the HIV prevalence in various risk groups of population like Female sex workers, Injecting drug Users, Men having sex with Men (MSM) and among antenatal women as marker of general population, National AIDS Control Organisation is conducting annual round of HIV sentinel surveillance in designated sites all over the country. This approach is regarded as an epidemiological tool to monitor HIV trends in these risk groups by collecting data of satistically appropriate sample size. The frequency of data collection is on an annual basis and the entire process is unlinked anonymous. The latest round was planned in 670 sites and conducted in 659 sites covering all States/UTs in the country during 2004.

Change in design of second class sleeper coaches

3985. SHRI V. HANUMANTHA RAO: Will the Minister of RAILWAYS be pleased to state:

(a) whether it is a fact that no change in design of second class sleeper coaches has been made by railways for twenty years;

(b) whether it is also a fact that passengers find it very difficult to climb to the upper berths in second class coaches;

(c) whether the design institutes or railway institutes are unable to come up with a better design of railway coaches;

(d) the steps proposed to be taken by the railways to change the design to make the coaches passenger-friendly; and